



Food and Drug Administration  
10903 New Hampshire Avenue  
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Silver Spring, MD 20993-0002

December 19, 2014

Precision Spine, Incorporated  
% Mr. Kenneth C. Maxwell II  
Empirical Consulting, LLC  
4628 Northpark Drive  
Colorado Springs, Colorado 80918

Re: K143248

Trade/Device Name: Reform Pedicle Screw System  
Regulation Number: 21 CFR 888.3070  
Regulation Name: Pedicle screw spinal system  
Regulatory Class: Class III  
Product Code: NKB, OSH, MNI, MNH, KWP  
Dated: November 6, 2014  
Received: November 14, 2014

Dear Mr. Maxwell:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration. Please note: CDRH does not evaluate information related to contract liability warranties. We remind you, however, that device labeling must be truthful and not misleading.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); medical device reporting (reporting of medical device-related adverse events) (21 CFR 803); good manufacturing practice requirements as set

forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Division of Industry and Consumer Education at its toll-free number (800) 638-2041 or (301) 796-7100 or at its Internet address

<http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm>. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR Part 807.97). For questions regarding the reporting of adverse events under the MDR regulation (21 CFR Part 803), please go to

<http://www.fda.gov/MedicalDevices/Safety/ReportaProblem/default.htm> for the CDRH's Office of Surveillance and Biometrics/Division of Postmarket Surveillance.

You may obtain other general information on your responsibilities under the Act from the Division of Industry and Consumer Education at its toll-free number (800) 638-2041 or (301) 796-7100 or at its Internet address

<http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm>.

Sincerely yours,

Vincent J. Devlin -S

for

Mark N. Melkerson

Director

Division of Orthopedic Devices

Office of Device Evaluation

Center for Devices and

Radiological Health

Enclosure

DEPARTMENT OF HEALTH AND HUMAN SERVICES Food and Drug Administration <b>Indications for Use</b>	Form Approved: OMB No. 0910-0120 Expiration Date: January 31, 2017 <i>See PRA Statement on last page.</i>
510(k) Number (if known) K143248	
Device Name <b>Reform Pedicle Screw System</b>	
Indications for Use (Describe) <p>The Reform Pedicle Screw System is intended to provide immobilization and stabilization of spinal segments in skeletally mature patients as an adjunct to fusion in the treatment of the following acute and chronic instabilities or deformities of the thoracic, lumbar, and sacral spine: degenerative spondylolisthesis with objective evidence of neurological impairment, fracture, dislocation, scoliosis, kyphosis, spinal tumor, and failed previous fusion (pseudoarthrosis).</p> <p>The Reform Pedicle Screw System is also indicated for pedicle screw fixation for the treatment of severe spondylolisthesis (Grades 3 and 4) of the L5-S1 vertebra in skeletally mature patients receiving fusion by autogenous bone graft having implants attached to the lumbar and sacral spine (L3 to sacrum) with removal of the implants after the attainment of a solid fusion. The Reform Pedicle Screw System is also intended for non-cervical pedicle screw fixation (T1-S1/ilium) for the following indications: degenerative disc disease (as defined by back pain of discogenic origin with degeneration of the disc confirmed by patient history and radiographic studies); trauma (i.e. fracture or dislocation); spinal stenosis; curvatures (i.e. scoliosis, kyphosis; and/or lordosis); spinal tumor; pseudoarthrosis; and failed previous fusion.</p> <p>When used for posterior non-cervical pedicle screw fixation in pediatric patients, the Reform Pedicle Screw System is indicated as an adjunct to fusion to treat adolescent idiopathic scoliosis. The Reform Pedicle Screw System is intended to be used with autograft and/or allograft. Pediatric pedicle screw fixation is limited to a posterior approach.</p>	
Type of Use (Select one or both, as applicable) <input checked="checked" type="checkbox"/> Prescription Use (Part 21 CFR 801 Subpart D) <input type="checkbox"/> Over-The-Counter Use (21 CFR 801 Subpart C)	
<b>PLEASE DO NOT WRITE BELOW THIS LINE – CONTINUE ON A SEPARATE PAGE IF NEEDED.</b>	
<b>FOR FDA USE ONLY</b>	
Concurrence of Center for Devices and Radiological Health (CDRH) (Signature)	

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This section applies only to requirements of the Paperwork Reduction Act of 1995.

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## 5. 510(K) SUMMARY

Submitter's Name:	Precision Spine
Submitter's Address:	2050 Executive Drive Pearl, MS 39208
Submitter's Telephone:	973-455-7150
Contact Person:	Kenneth C Maxwell II Empirical Consulting LLC 904.392.7576
Date Summary was Prepared:	15-Dec-14
Trade or Proprietary Name:	Reform Pedicle Screw System
Common or Usual Name:	Orthosis, Spinal Pedicle Fixation Orthosis, Spondylolisthesis Spinal Fixation Orthosis, Spinal Pedicle Fixation, For Degenerative Disc Disease Appliance, Fixation, Spinal Interlaminar
Classification:	Class III per 21 CFR §888.3070, 888.3050
Product Code:	MNI, MNH, NKB, KWP, OSH
Classification Panel:	87 Orthopedic Panel

### DESCRIPTION OF THE DEVICE SUBJECT TO PREMARKET NOTIFICATION:

The Reform System is a top-loading, multiple component, posterior spinal fixation system which consists of pedicle screws, rods, cross-connectors, locking cap screws, hooks, domino connectors, and lateral offset connectors. All of the components are available in a variety of sizes to match more closely to the patient's anatomy. All components are made from medical grade stainless steel, cobalt chromium alloys, titanium or titanium alloy described by such standards as ASTM F138, ASTM F1537, ISO 5832-12, ASTM F136 or ISO 5832-3.

### CHANGE FROM PREDICATE:

The purpose of this submission is to make modifications to the indications for use for and add additional sizes to the PSS System (Reform Pedicle Screw System) cleared in K131343, K130279, K121172, K092128, K090033, K073240, and K071438.

### INDICATIONS FOR USE

The Reform Pedicle Screw System is intended to provide immobilization and stabilization of spinal segments in skeletally mature patients as an adjunct to fusion in the treatment of the following acute and chronic instabilities or deformities of the thoracic, lumbar, and sacral spine: degenerative spondylolisthesis with objective evidence of neurological impairment, fracture, dislocation, scoliosis, kyphosis, spinal tumor, and failed previous fusion (pseudoarthrosis).

The Reform Pedicle Screw System is also indicated for pedicle screw fixation for the treatment of severe spondylolisthesis (Grades 3 and 4) of the L5-S1 vertebra in skeletally mature patients receiving fusion by autogenous bone graft having implants attached to the lumbar and sacral spine (L3 to sacrum) with removal of the implants after the attainment of a solid fusion. The Reform

Pedicle Screw System is also intended for non-cervical pedicle screw fixation (T1-S1/ilium) for the following indications: degenerative disc disease (as defined by back pain of discogenic origin with degeneration of the disc confirmed by patient history and radiographic studies); trauma (i.e. fracture or dislocation); spinal stenosis; curvatures (i.e. scoliosis, kyphosis; and/or lordosis); spinal tumor; pseudoarthrosis; and failed previous fusion.

When used for posterior non-cervical pedicle screw fixation in pediatric patients, the Reform Pedicle Screw System is indicated as an adjunct to fusion to treat adolescent idiopathic scoliosis. The Reform Pedicle Screw System is intended to be used with autograft and/or allograft. Pediatric pedicle screw fixation is limited to a posterior approach.

#### TECHNOLOGICAL CHARACTERISTICS

The intended use and technological features of the modifications/additions to the components of the PSS System (Reform Pedicle Screw System) do not substantially differ from the legally marketed predicate devices, which are the PSS System (Reform Pedicle Screw System, K131343, K130279, K121172, K092128, K090033, K073240, and K071438) and the Biomet Polaris Spinal System (K133746, K131615). The predicate devices and the subject additions to the PSS (Reform) system are designed for posterior stabilization to provide immobilization and stabilization of spinal segments as an adjunct to fusion.

Reform Pedicle Screw System is manufactured from medical grade stainless steel, cobalt chromium alloys, titanium or titanium alloy described by such standards as ASTM F138, ASTM F1537, ISO 5832-12, ASTM F136 or ISO 5832-3.. The implants are provided non-sterile with instructions for sterilization. The subject and predicate devices have nearly identical technological characteristics and the minor differences do not raise any new issues of safety and effectiveness. Specifically the following characteristics are identical between the subject and predicates:

- Materials of manufacture
- Structural support mechanism
- Sterilization

Table 5-1 Predicate Devices

<b>510k Number</b>	<b>Trade or Proprietary or Model Name</b>	<b>Manufacturer</b>	<b>Primary or Additional</b>
K131343, K130279, K121172, K092128, K090033, K073240, and K071438	PSS System (Reform Pedicle Screw System)	Precision Spine (Spinal USA)	Primary
K133746, K131615	Polaris Spinal System	Biomet Spine	Additional

#### PERFORMANCE DATA

Analysis was performed to show that the subject devices are substantially equivalent to the predicate devices and do not require additional mechanical testing.

## CONCLUSION

The overall technology characteristics and mechanical engineering analysis lead to the conclusion that the Reform Pedicle Screw System is substantially equivalent to the predicate device.